



PREMISE ALERT NOTIFICATION FORM

New
 Change Information
 Renewal

Name _____ Date of Birth _____
 Sex _____ Height _____ Weight _____ Eyes _____ Hair _____ Residential
 Address _____ Apt _____
 City _____ State _____ Zip Code _____
 Home Phone _____ Cell Phone _____
 Place of Employment/School, (If Applicable) _____
 Address _____
 City _____ State _____ Zip Code _____
 Special Needs _____

Emergency Contact

Name _____ Relationship _____
 Address _____ Apt _____
 City _____ State _____ Zip Code _____
 Home Phone _____ Cell Phone _____ **Additional**
Contacts
 Name _____ Relationship _____ Phone _____

Pursuant to Illinois Public Act 96-0788, I understand the information listed is intended to offer guidance to responders in assisting special needs citizens.
 Presenting this information will not result in preferential treatment.
 I understand that this information will be maintained on file at the Joliet Police Department for a period not to exceed (2) years and I understand it is my responsibility to update/renew prior to expiration to remain in the database.
 By signing below, I hereby give permission for the Joliet 911 Communication Center to enter above information into the Computer Aided Dispatch (CAD) system.. I understand this information will remain confidential and used only by Joliet 911 Communication Center Personnel

Print Name _____ **Relationship** _____
Signed _____ **Date** _____

RETURN COMPLETED FORM TO:
 JOLIET POLICE DEPARTMENT
 ATTN: SGT. ENGLISH #53
 150 W. WASHINGTON STREET, JOLIET, IL 60432